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ABSTRACT

The report presents evaluation data on 29 deaf children (from birth to 6 years old) treated in the UNIsensory Project at the Auditory Educational Clinic in Atlanta, Georgia. A data sheet is provided for each child served in the program, with information on chronological age, severity of hearing loss (aided and unaided), length of intervention, parent and therapist estimates of the child's hearing handicap, pre- and post-test scores on language and communication tests (the Sequenced Inventory of Communication Development, Peabody Picture Vocabulary Test, and the Test for Auditory Comprehension of Language), and explanation and comments. Composite data are then presented in table forms. Parent evaluation information is cited that shows high support for the project. Among Composite the aided thresholds of hearing impaired Ss with the use of amplification. (CL)

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UNISENSORY PROJECT:

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EC 17 1125

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CHILD EVALUATION

Ellen A. Rhoades, Ron Colarusso, Ben Layne

During the three-year period from 7/80 to 6/83, a total of 163 children (0-6 years of age) were referred to the UNIsensory Project by the Auditory Educational Clinic. Of these, 113 children were scheduled for hearing and/or developmental evaluations. As a result of the screenings, 70 Ss were not admitted into the UNIsensory Project for the following reasons:

- (a) no difficulties or delays could be determined
- (b) parents selected other educational options,e.g., total communication.
- (c) family failed to keep appointments

Consequently, 43 Ss were admitted into the UNIsensory Project over its three-year period. However, 14 of the 43 Ss were subsequently found to demonstrate one of the following difficulties shortly after enrollment in the program:

- (a) child's deafness was not the primary handicap, i.e., the child was multihandicapped.
- (b) child's parents later decided not to actively participate in the UNIsensory Project.
- (c) child entered project during last six-month period of project's third year and post-test data could not be determined.

None of these subjects are considered in the data to be reported herein. Therefore, a total of 29 children were treated in this project and are considered in the data.



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The child evaluation of this three year project is divided into three areas: child intervention data; parent, teacher, and therapist estimates of the children's abilities; and parent evaluation of the intervention program.

CHILD INTERVENTION DATA

Due to the nature of the intervention program and the type of children served in this project, it was impossible to do group analyses on the data collected that was related to therapy. This is true because the length of intervention varied by subject, and the age differentiation of the subjects required the use of different evaluation instruments. Therefore, too many assumptions were violated to perform group analyses. It was also impossible to employ a true single subject design because of the need to collect baseline data. Therefore, data on each child is descriptive in nature. A "CHILD DATA SHEET" is presented for each child served in the program. The following information is included:

- 1. Chronological age (in months) at time of admittance to the project.
- 2. Severity of hearing loss, unaided and aided. Aided and unaided scores were obtained by computing Pure Tone Averages (PTAs). Scores were assigned to hearing categories as follows:

0 - 20....normal

21 - 40....mild

41 - 60....moderate

61 - 90....severe

91 - NR....profound



If no response was found, a child was arbitrarily assigned a score of 120 dB.

- 3. Length of intervention in months.
- 4. Parent and therapist estimate of the child's hearing handicap (1 = no handicap, 10 = very serious).
- Sequenced Inventory of Communication Development (SICD), the Peabody Picture Vocabulary Test-R (PPVT), and the Test for Auditory Comprehension of Language (TACL).
- 6. Pre- and Post-test total scores for the Arizona Articulation Proficiency Scale (AAPS). Scores can be interpreted as follows:
 - 9.50 to 100.0 Sound errors are occasionally noticed in continuous speech.
 - 85.0 to 94.5 Speech is intelligible although noticeably in error.
 - 70.0 to 84.5 Speech is intelligible with careful listening.
 - 60.0 to 69.5 Speech intelligibility is difficult.
 - 45.0 to 59.5 Speech usually in unintelligible.
 - 0.0 to 44.5 Speech is unintelligible.
- 7. Explanation and comments are also included for each child where appropriate.

Data is missing for some subjects due to the facts that:

a) some families left the project before post-testing could be completed.



- b) some children were too young to be tested with some assessment tools, i.e., PPVT-R, TACL.
- c) the total assessment plan was not devised until the beginning of the project's second year.

While some scores are indicated to be pretest scores, they are not in fact pretest scores, having been administered several months subsequent to enrollment.

It should be noted that the ceiling on the SICD is 48 months. Therefore, SICD scores of 48 indicate that the subject scored at 48 months or higher. The PPVT-R and the TACL were not administered to subjects until they demonstrated at least a two-year verbal developmental level on the SICD or until a basal score could be achieved.



ID# 1___

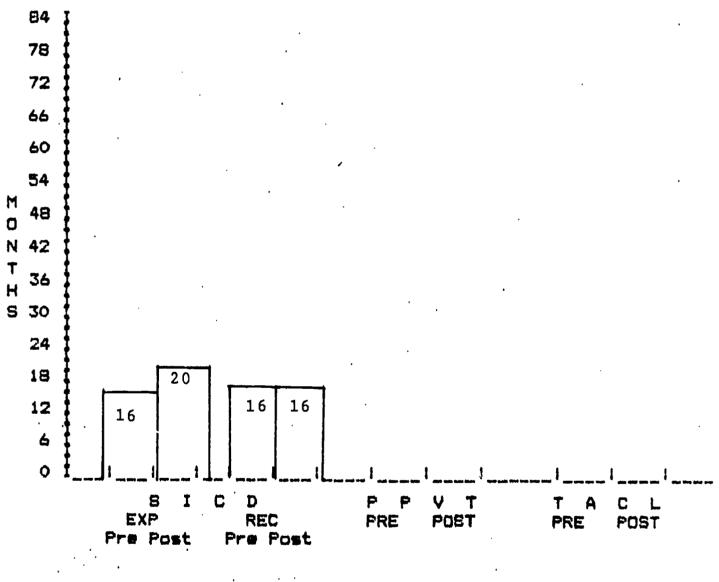
CHRONOLOGICAL AGE 33_

SEX M__

SEVERITY OF HEARING LOSS UNAIDED 83 AIDED 28

LENGTH OF INTERVENTION _9_ MAINSTREAMED _

(No Handicap=1 Serious Handicap=10)
PARENT ____ THERAPIST ____



- Missed more than one-half of therapy sessions
- Inconsistent amplification (broken aids, lost aids, etc.)
- Parents frequently out-of-town, so four children left in charge with 16 years old babysitter
- Not Mainstreamed



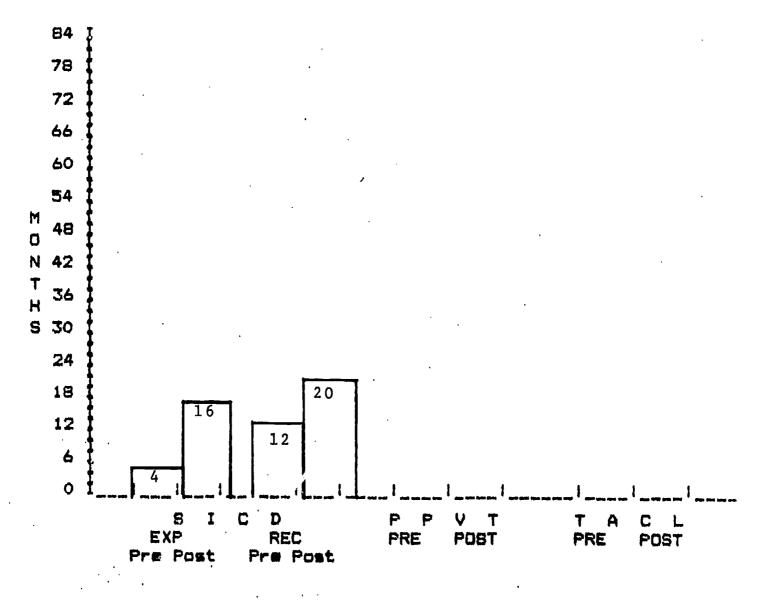
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CHRONOLOGICAL AGE 13 SEX F

SEVERITY OF HEARING LOSS UNAIDED 72 AIDED 32

LENGTH OF INTERVENTION ___ MAINSTREAMED ___

(No Handicap=1 Serious Handicap=10)
PARENT ___ THERAPIST ___



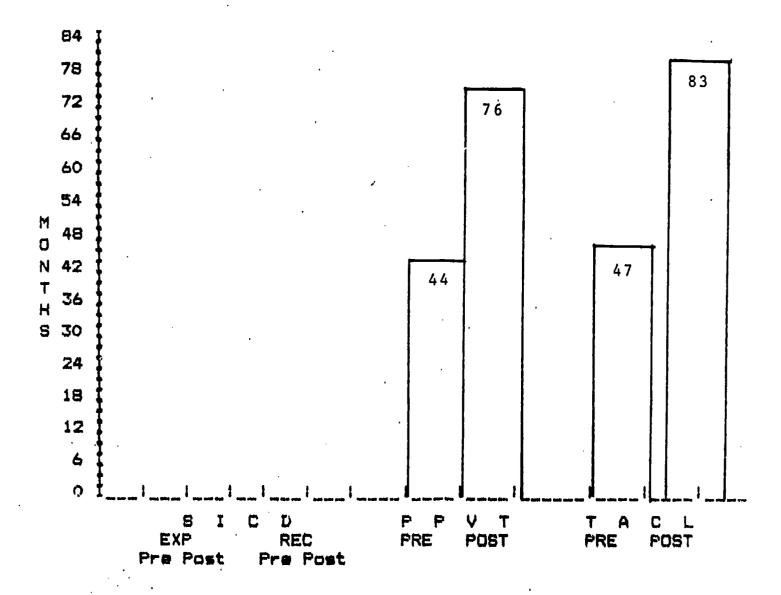
- Deaf parents used sign language at home
- Low expectation levels of parents
- Missed many therapy sessions

CHRONOLOGICAL AGE 55 SEX E

SEVERITY OF HEARING LOSS UNAIDED 48 AIDED 10

LENGTH OF INTERVENTION 15 MAINSTREAMED X

(No Handicap=1 Serious Handicap=10)
PARENT ___ THERAFIST ___



AAPS PRE ___ FOST 99_

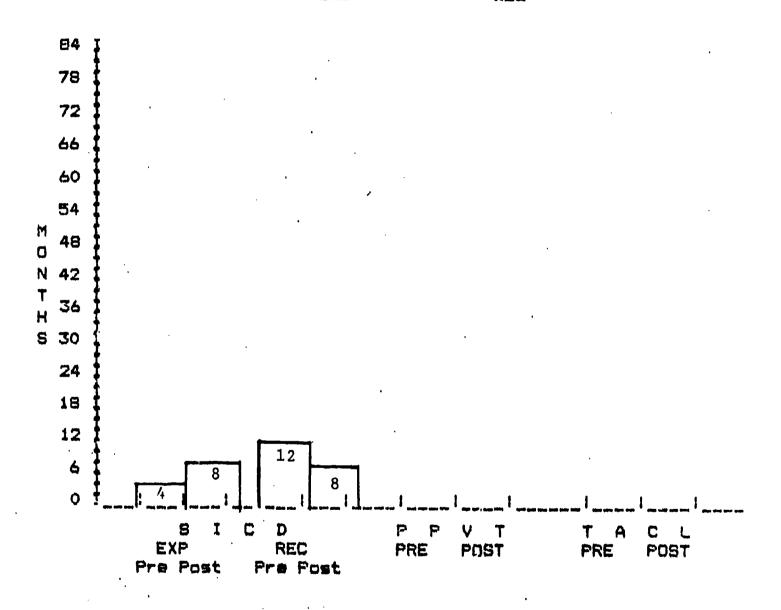
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CHRONOLOGICAL AGE 2.0 SEX M

SEVERITY OF HEARING LOSS UNAIDED 120 AIDED 120

LENGTH OF INTERVENTION 12 MAINSTREAMED X

(No Handicap=1 Serious Handicap=10)
PARENT ___ THERAPIST ___



- Inconsistent amplification (aids lost broken more than half of the time)
- Missed many therapy sessions
- No aided or unaided hearing could be determined
- Recurrent otitis media



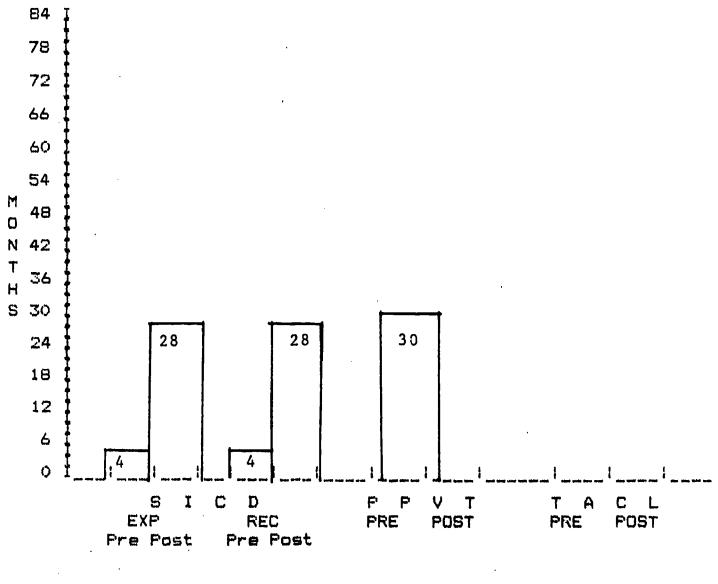
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CHRONOLOGICAL AGE 6 SEX M

SEVERITY OF HEARING LOSS UNAIDED 69 AIDED 10

LENGTH OF INTERVENTION 24 MAINSTREAMED ___

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT 1 THERAPIST 1

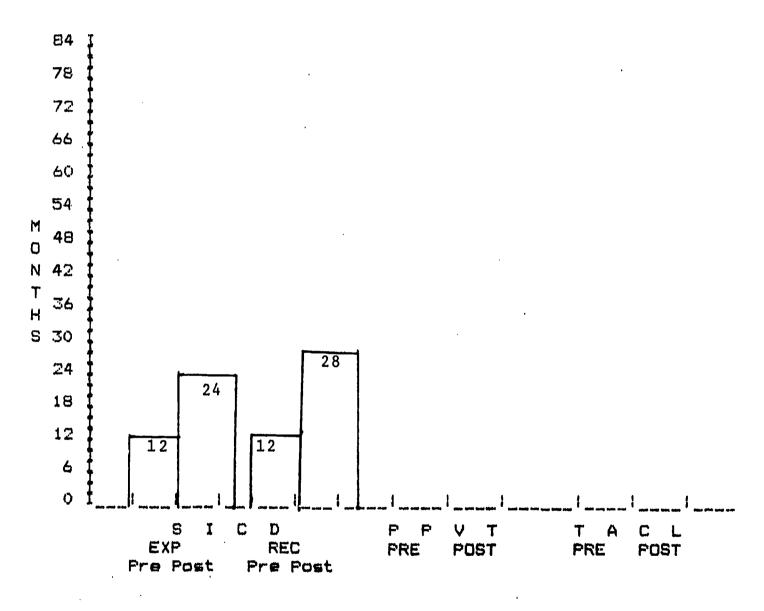


CHRONOLOGICAL AGE 22 SEX F

SEVERITY OF HEARING LOSS UNAIDED 48 AIDED 12

LENGTH OF INTERVENTION 10 MAINSTREAMED

(No Handicap=1 Serious Handicap=10)
PARENT 2 THERAPIST 4



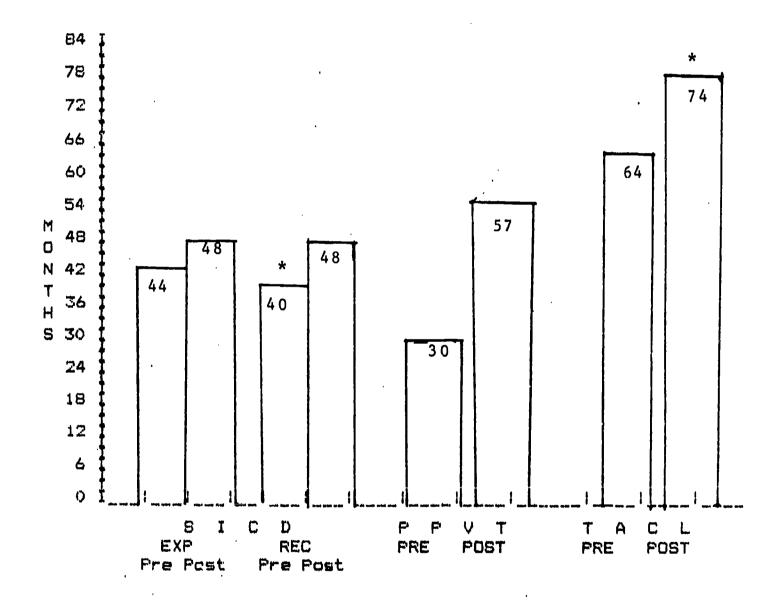


CHRONOLOGICAL AGE 57 SEX F

SEVERITY OF HEARING LOSS UNAIDED 40 AIDED 13

LENGTH OF INTERVENTION 30 MAINSTREAMED X

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT 2 THERAPIST 5



AAPS PRE 89 POST ___

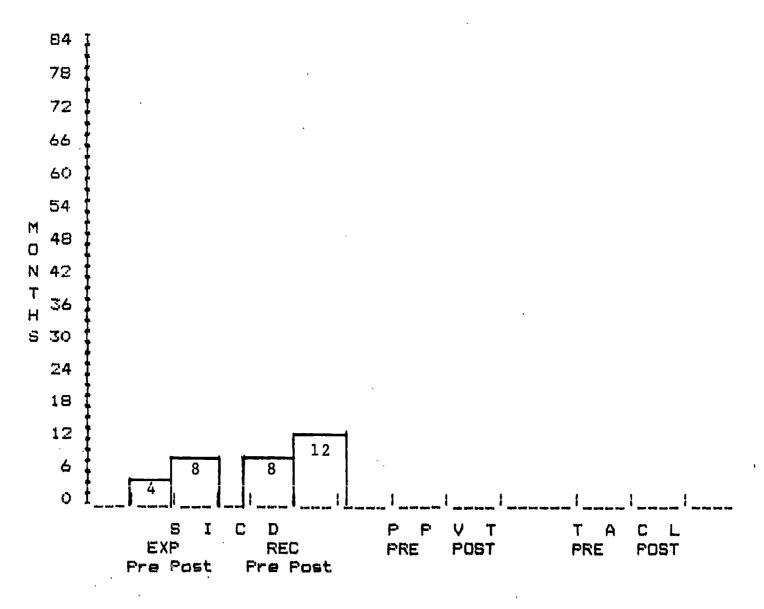
- Ceiling on SICD reached
- Frequent ear in actions and nasal congestion
- suspected LD, extremely poor auditory memory
- multi-handicapped brother

CHRONOLOGICAL AGE 16 SEX M

SEVERITY OF HEARING LOSS UNAIDED 120 AIDED 53

LENGTH OF INTERVENTION 22 MAINSTREAMED X

(No Handicap=1 Serious Handicap=10)
PARENT 5 THERAPIST 8



- Parents' low expectation levels
- Parents' verbal stimulation was minimal

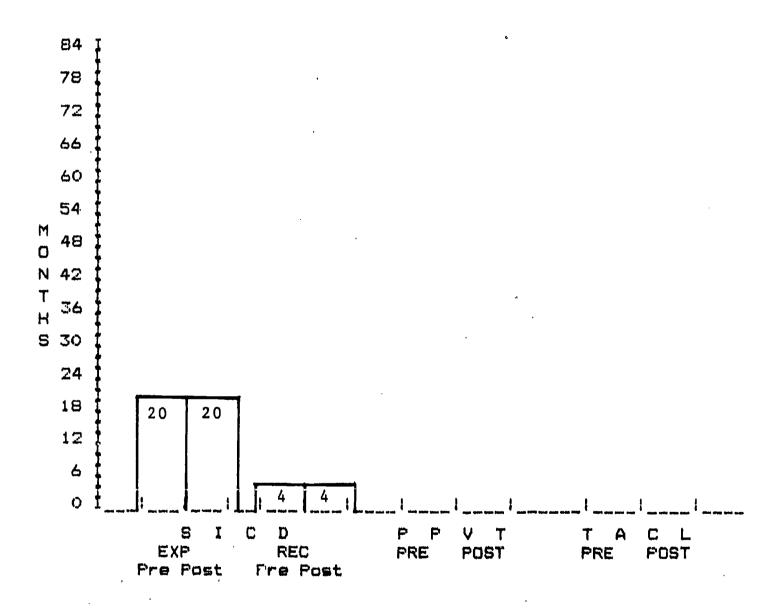


CHRONOLOGICAL AGE 41 SEX M

SEVERITY OF HEARING LOSS UNAIDED 120 AIDED 107

LENGTH OF INTERVENTION 5 MAINSTREAMED X

(No Handicap=1 Serious Handicap=10)
PARENT 3 THERAPIST 8



- Hearing loss due to meningitis
- Only wore one aid on trial basis (inconsistent amplification
- Frequent missed sessions

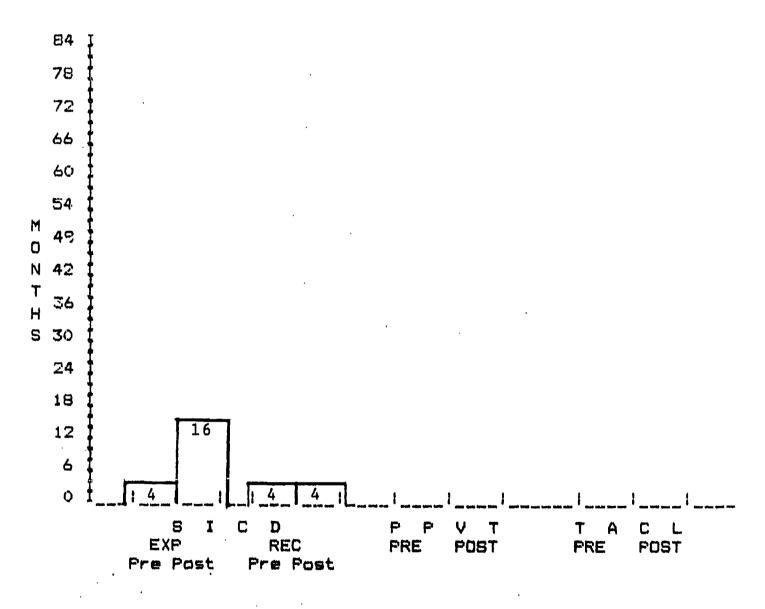


CHRONOLOGICAL AGE 14 SEX M

SEVERITY OF HEARING LOSS UNAIDED 107 AIDED 037

LENGTH OF INTERVENTION 12 MAINSTREAMED X

(No Handicap=1 Serious Handicap=10)
PARENT 4 THERAPIST 9



- Premature and meningitic
- Neurological dysfunction suspected
- Parents both worked full-time, child in daycare center; generally low exposure to verbal stimulation.



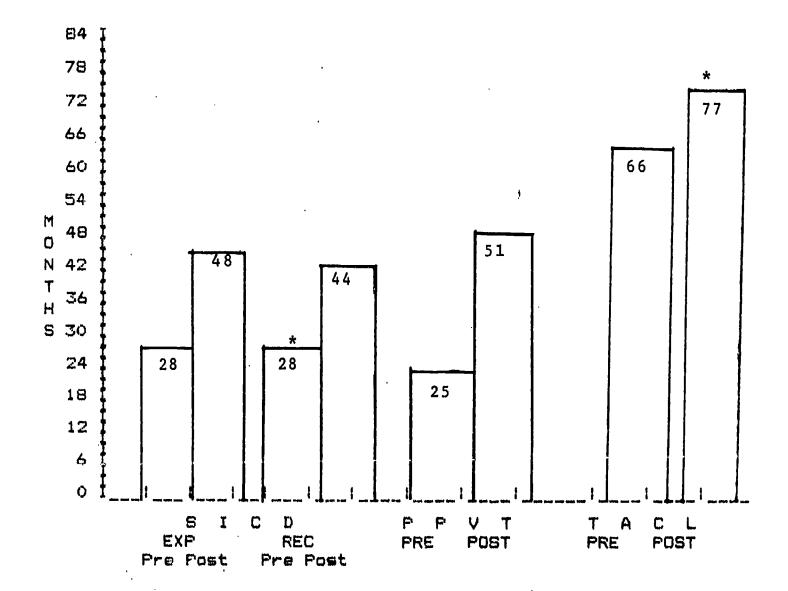
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CHRONOLOGICAL AGE 48 SEX M

SEVERITY OF HEARING LOSS UNAIDED 45 AIDED 12

LENGTH OF INTERVENTION 16 MAINSTREAMED X

ESTIMATE OF CHILD'S HANDICAP (No Handicap=1 Serious Handicap=10) PARENT 2 THERAPIST 3



AAPS FRE _84 FOST _79

- History of recurrent Otitis Media

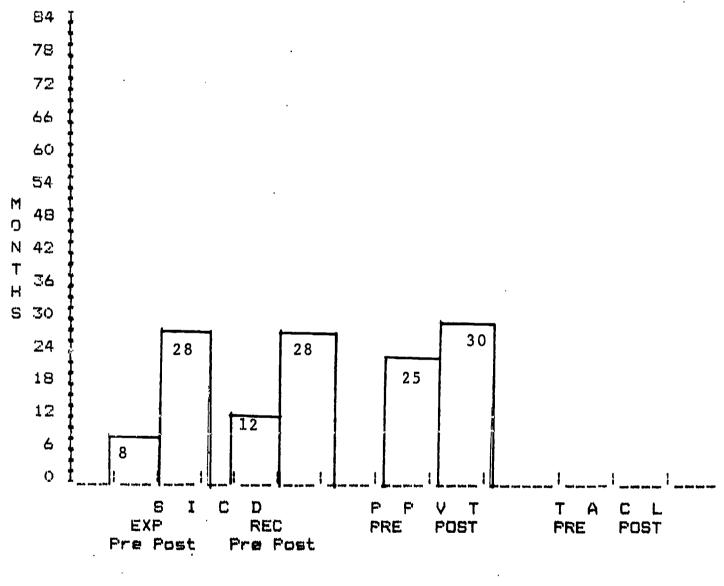


CHRONOLOGICAL AGE 26 SEX M

SEVERITY OF HEARING LOSS UNAIDED 93 AIDED 33

LENGTH OF INTERVENTION 22 MAINSTREAMED X

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT 2 THERAFIST 4



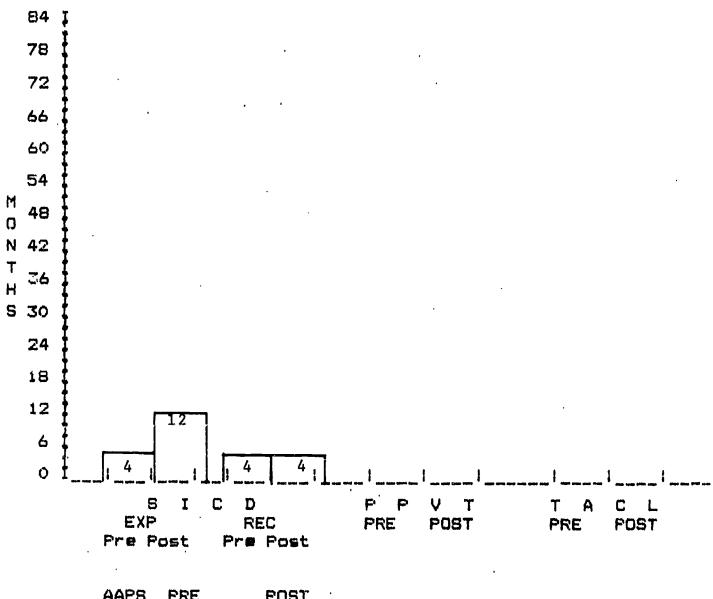


CHRONOLOGICAL AGL 10 BEX F

SEVERITY OF HEARING LOSS UNAIDED 55 AIDED 38

LENGTH OF INTERVENTION 4 MAINSTREAMED .____

> ESTIMATE OF CHILD'S HANDICAP (No Handicap=1 Serious Handicap=10) PARENT 2 THERAPIST 3





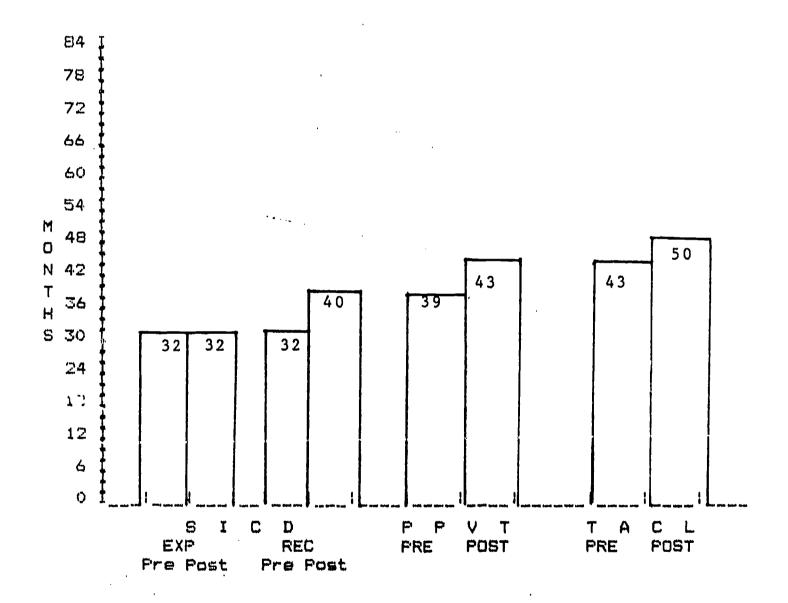
104 14

CHRONOLOGICAL AGE 31 SEX M

SEVERITY OF HEARING LOSS UNAIDED 23 AIDED 17

LENGTH OF INTERVENTION 22 MAINSTREAMED X

(No Handicap=1 Serious Handicap=10)
PARENT 2 THERAPIST 3



AAPS FRE 49 FOST ___

- Parents participated in project only once monthly (lived three hours away from project site)
- Father very uncooperative
- History of recurrent severe otitis media



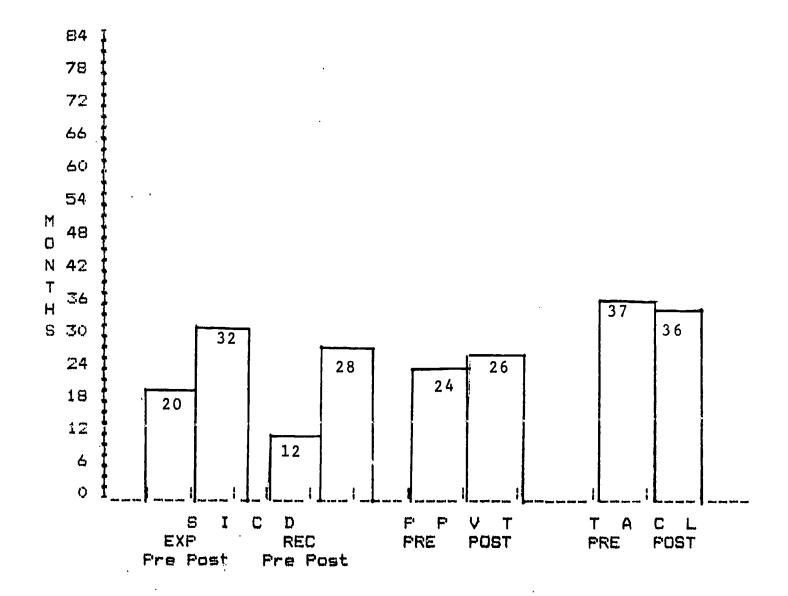
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CHRONOLOGICAL AGE 41 SEX M_

SEVERITY OF HEARING LOSS UNAIDED 92 AIDED 60

LENGTH OF INTERVENTION _24 MAINSTREAMED X__

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT 5 THERAPIST 8



AAPS PRE 52 POST 73

- Came to Project from visual program
- Parents had low expectation levels for hearing.

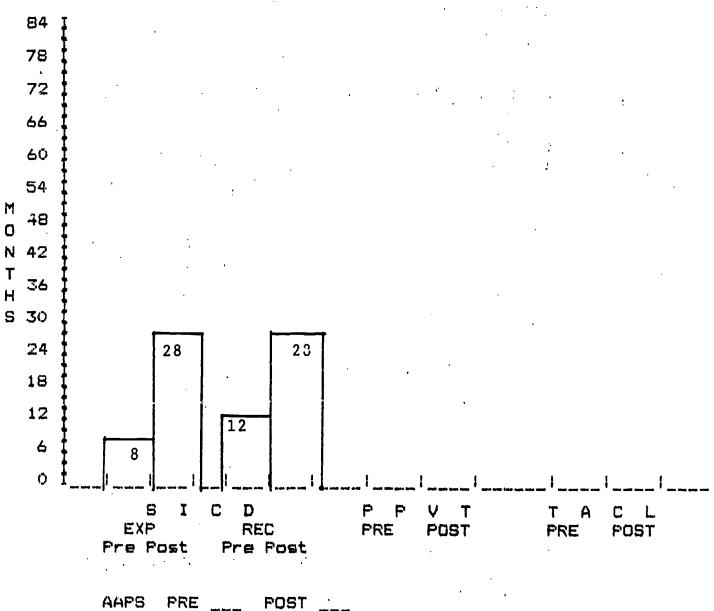


CHRONOLOGICAL AGE 8 SEX M

SEVERITY OF HEARING LOSS UNAIDED 35 AIDED 10

LENGTH OF INTERVENTION 13 MAINSTREAMED

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT 3 THERAPIST 3



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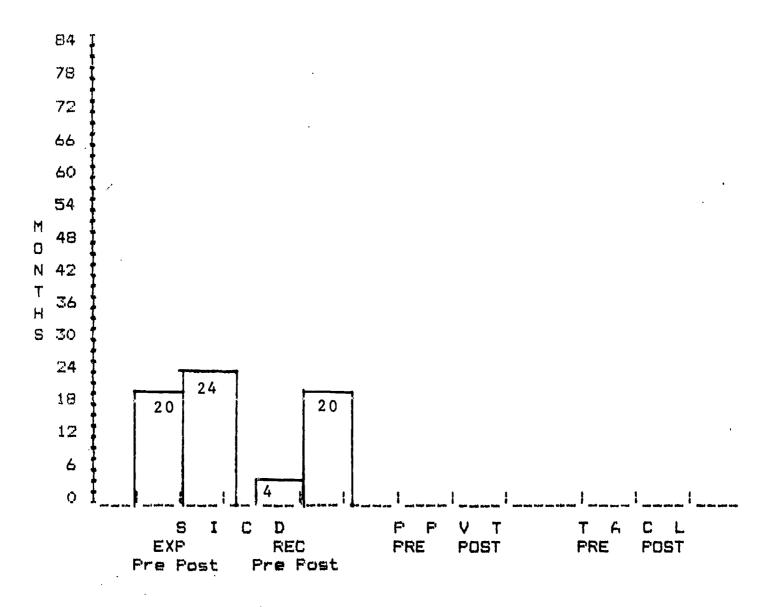
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CHRONOLOGICAL AGE 39 SEX F

SEVERITY OF HEARING LOSS UNAIDED 117 AIDED 52

LENGTH OF INTERVENTION _ 2 MAINSTREAMED ____

> ESTIMATE OF CHILD'S HANDICAP (No Handicap=1 Serious Handicap=10) FARENT 4 THERAPIST 7



- Rubella child (neurological dysfunction suspected)
- Visually handicapped
- Behavioral difficulties



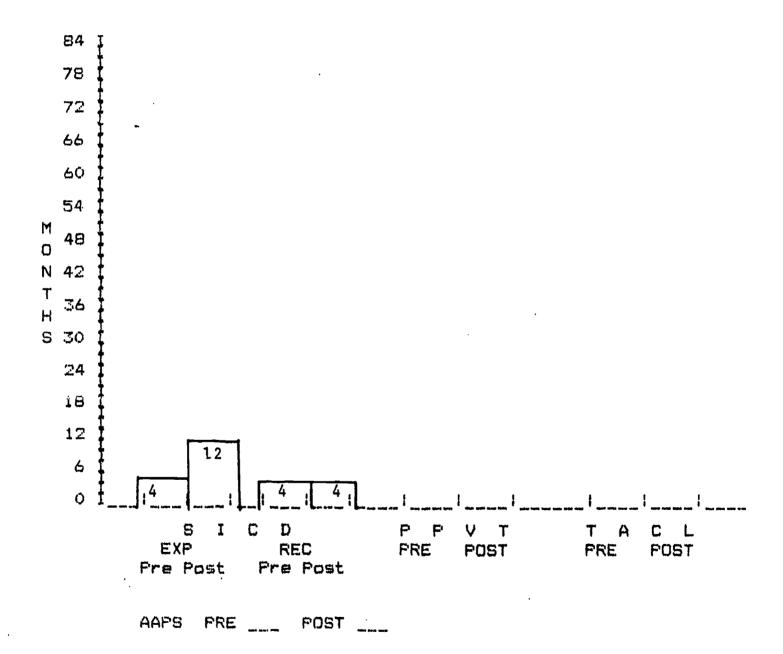
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CHRONOLOGICAL AGE 17 SEX M

SEVERITY OF HEARING LOSS
NR - UNAIDED 120 AIDED 112 NR

LENGTH OF INTERVENTION 13 MAINSTREAMED X

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT 3 THERAPIST 3



- Nearly fatal meningitis caused hearing loss.



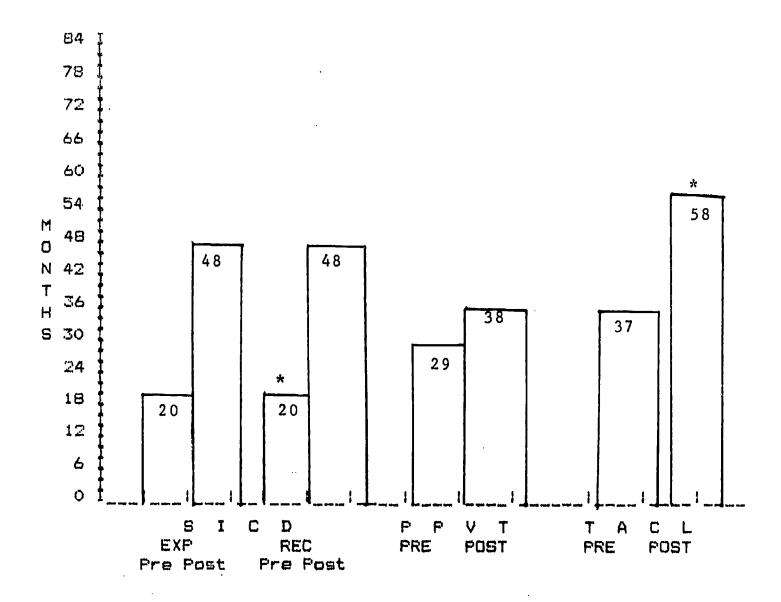
104 19

CHRONOLOGICAL AGE 22 SEX F

SEVERITY OF HEARING LOSS UNAIDED _77 AIDED _25

LENGTH OF INTERVENTION 35 MAINSTREAMED X

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT 3 THERAPIST 2



AAPS PRE 86 POST 95

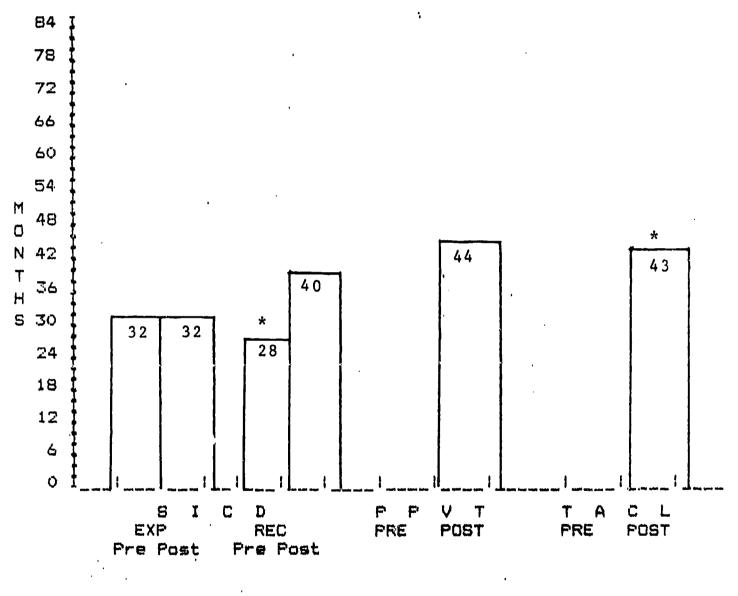


CHRONOLOGICAL AGE 41 SEX M

SEVERITY OF HEARING LOSS UNAIDED 37 AIDED 5

LENGTH OF INTERVENTION 3 MAINSTREAMED X_

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT 2 THERAPIST 3_





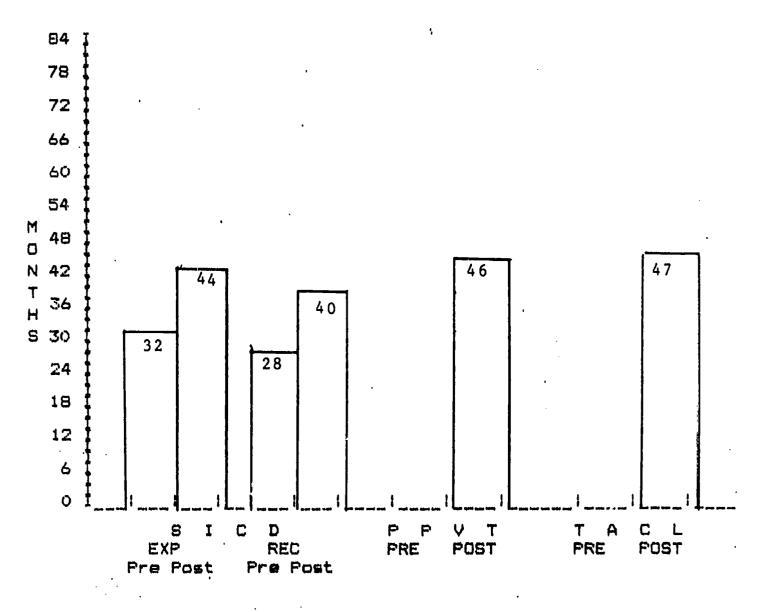
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CHRONOLOGICAL AGE 41 SEX M

SEVERITY OF HEARING LOSS UNAIDED $\frac{42}{42}$ AIDED $\frac{18}{4}$

LENGTH OF INTERVENTION 3 MAINSTREAMED X

ESTIMATE OF CHILD'S HANDICAP (No Handicap=1 Serious Handicap=10) PARENT 2 THERAPIST 3



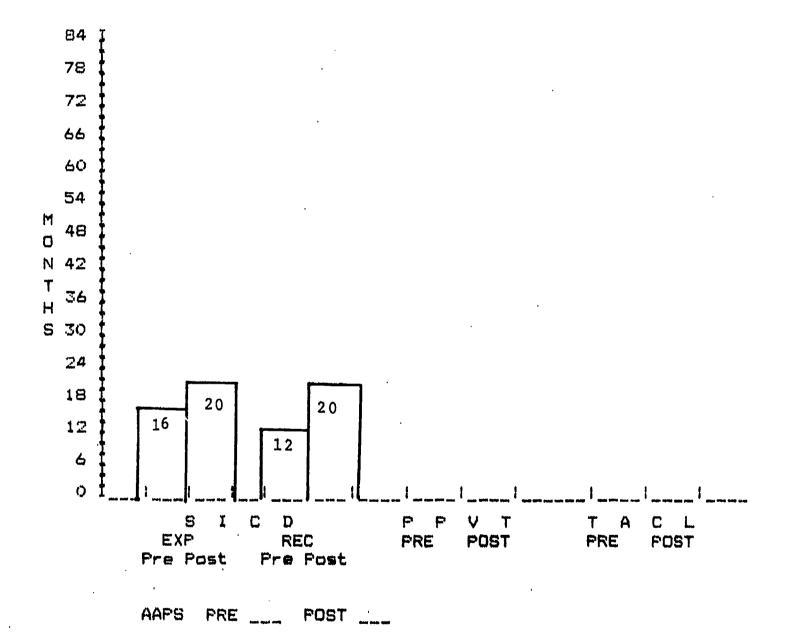


CHRONOLOGICAL AGE 24 SEX F

SEVERITY OF HEARING LOSS UNAIDED 98 AIDED 75

LENGTH OF INTERVENTION 13 MAINSTREAMED X

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT 6 THERAPIST 6



- Suspected Cytomegalavirus; diagnosed hypertonia
- Inappropriate amplification
- After data compiled child began wearing two high-powered aids. (Previously been wearing one moderately-powered aid.)
- Came to project from visual program. (TC)



TD# 23.

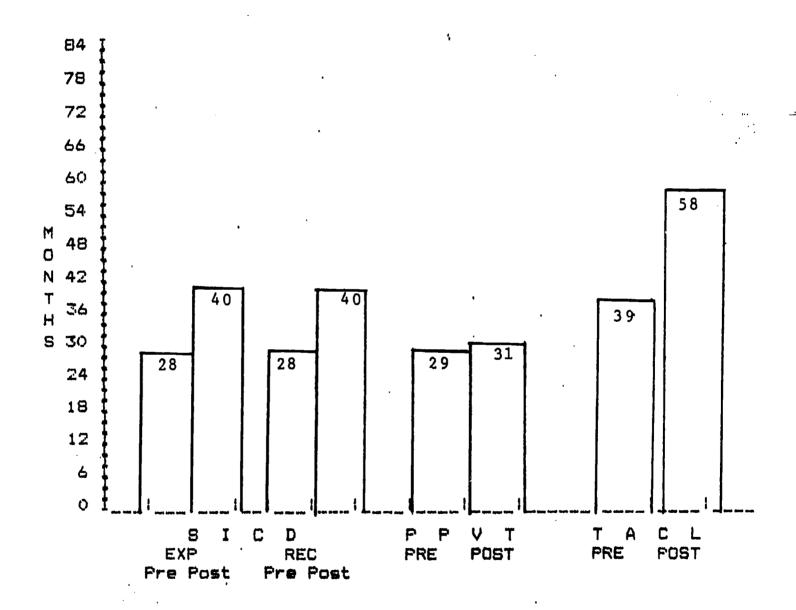
CHRONOLOGICAL AGE 35

SEX F__

SEVERITY OF HEARING LOSS UNAIDED 83 AIDED 43

LENGTH OF INTERVENTION 33 MAINSTREAMED X__

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT _2_ THERAPIST Z___



AAPS PRE _92 FOST ___

- Suspected LD
- Inappropriate amplification recently began wearing hi-powered aids
- Both parents working full-time
- Poor day care facilities (extreme sensory deprivation) prior to project enrollment

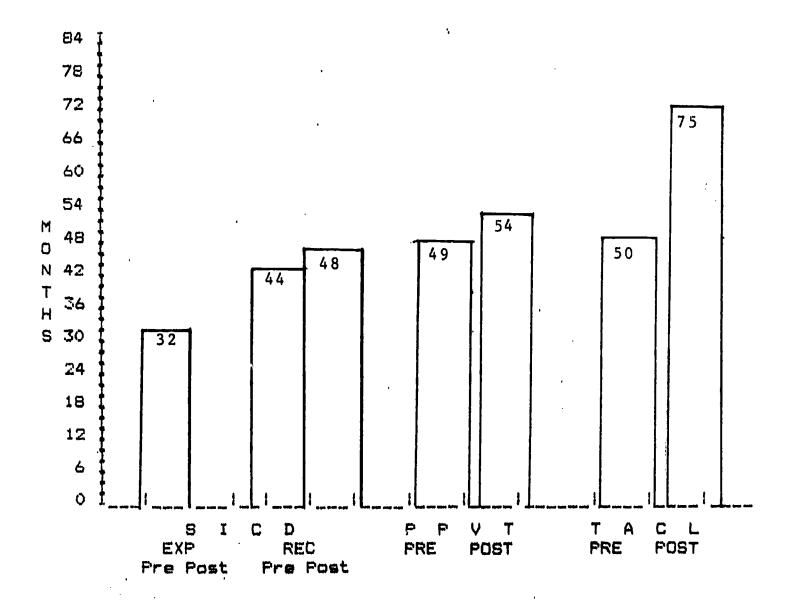


CHRONOLOGICAL AGE 54 SEX M

SEVERITY OF HEARING LOSS UNAIDED 37 AIDED 13

LENGTH OF INTERVENTION 4 MAINSTREAMED X

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT 4 THERAPIST 2



AAPS PRE 87 POST



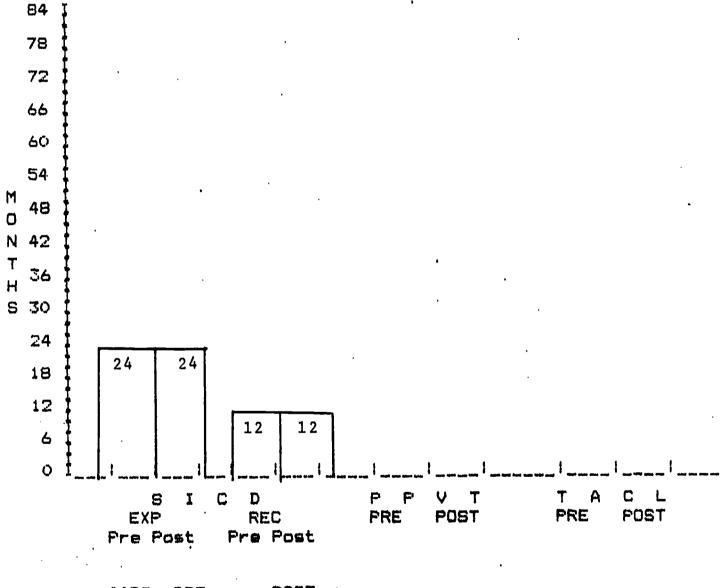
IDW 25

CHRONOLOGICAL AGE 30 SEX F

SEVERITY OF HEARING LOSS UNAIDED 65 AIDED 32

LENGTH OF INTERVENTION 7 MAINSTREAMED ___

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
· PARENT _5 THERAPIST _5__





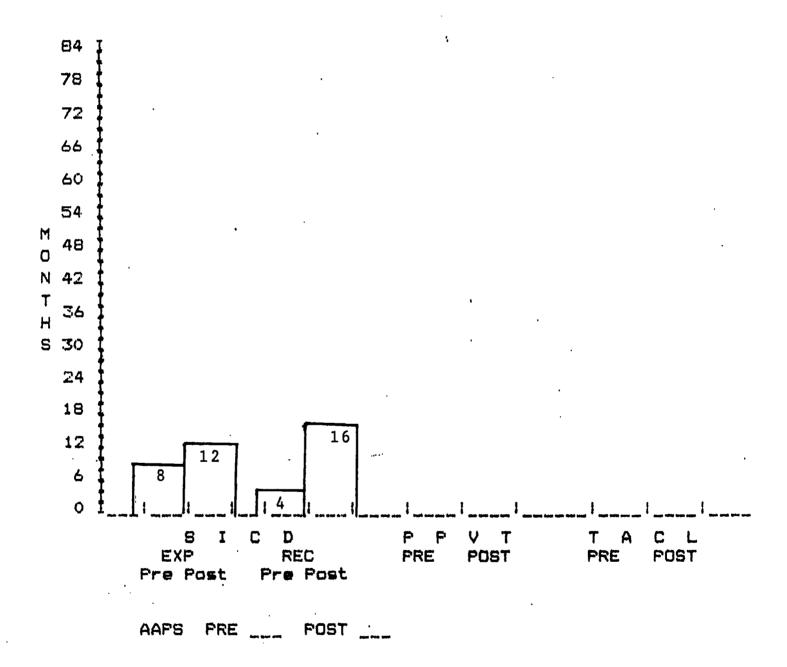
TD# 26

CHRONOLOGICAL AGE 28 SEX F

SEVERITY OF HEARING LOSS UNAIDED 73 AIDED 45

LENGTH OF INTERVENTION 2 MAINSTREAMED ____

ESTIMATE OF CHILD'S HANDICAP (No Handicap=1 Serious Handicap=10) PARENT 4 THERAPIST 6



- Premature



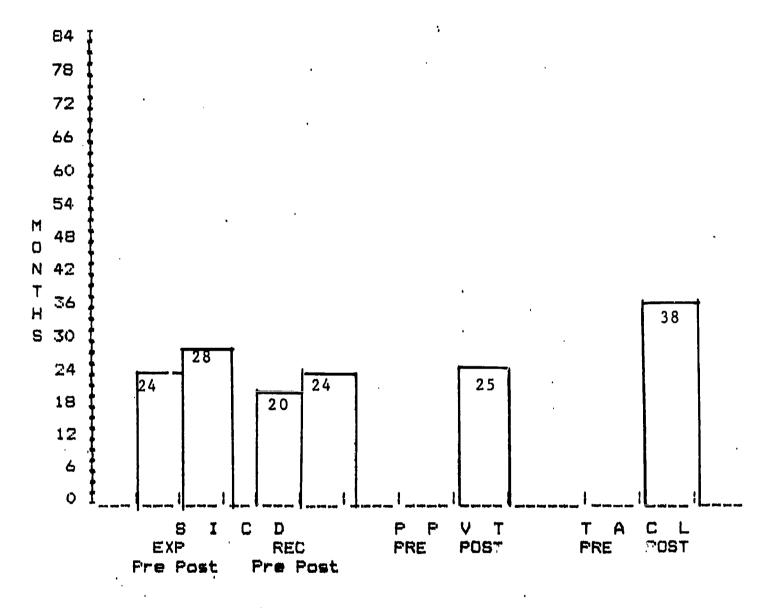
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CHRONOLOGICAL AGE 46 SEX M_

SEVERITY OF HEARING LOSS UNAIDED 100 AIDED 43

LENGTH OF INTERVENTION 23 MAINSTREAMED X

ESTIMATE OF CHILD'S HANDICAP (No Handicap=1 Serious Handicap=10) · PARENT 5_ THERAPIST 9_



AAPS FRE 77 FOST 81

- In multi-handicapped class prior to Project enrollment.here; TC was used.



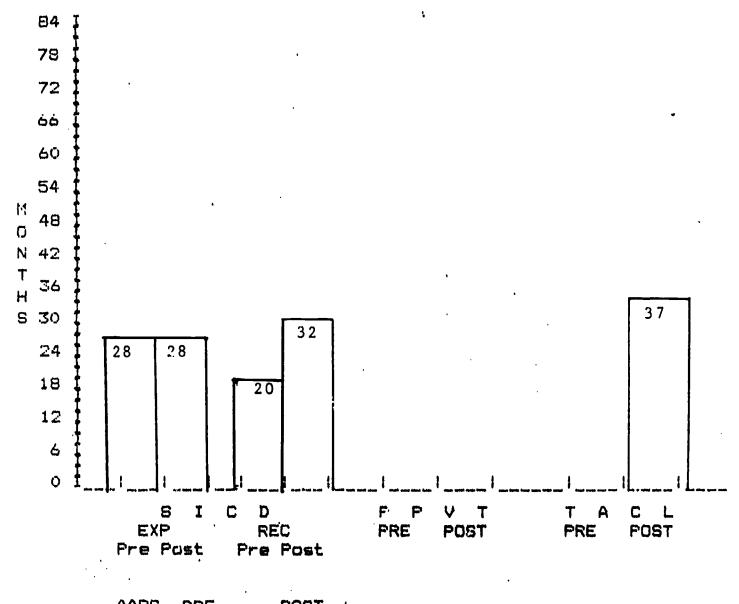
TD# 28

CHRONOLOGICAL AGE 45 SEX M

SEVERITY OF HEARING LOSS UNAIDED 87 AIDED 48

LENGTH OF INTERVENTION 7 MAINSTREAMED X

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT _5 THERAPIST 4



AAPS PRE ___ POST ___

- Previously in TC class with multi-handicapped children.



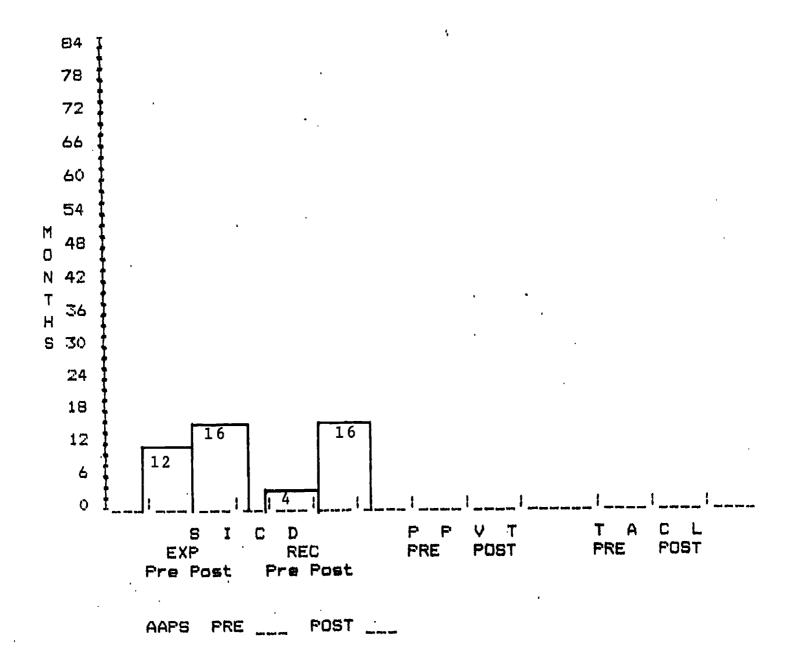
TD# 29

CHRONOLOGICAL AGE 14 SEX F

SEVERITY OF HEARING LOSS UNAIDED 120 AIDED 40

LENGTH OF INTERVENTION 13 MAINSTREAMED ____

ESTIMATE OF CHILD'S HANDICAP
(No Handicap=1 Serious Handicap=10)
PARENT 3 THERAPIST 6



- Only comes to Project site twice monthly (parents live two hours drive from site)
- Both parents work child stays with gesturing grandmother all day.



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To determine the effect of amplification on the subjects' unaided scores, a t-test was performed comparing the unaided and aided PTA score for 29 children. The results presented in Table I indicate that there was a significant difference between the group scores, with the aided scores (X=39.41 SD=30.84) being much better and falling within the acceptable hearing range of a normal to mild hearing loss (0-40 dB).

TABLE I

A Comparison of 29 Subjects Ability to Hear Sound Frequencies Aided and Unaided.

VARIABLE NI	JHBER CASES	HEAN	STANDARD DEVIATION	STANDARD ERROR	#(DIFFERENCE)	STANDARD DEVIATION	STANDARD ERROR	CORR.	PROB. *	AVENE	DEGREES OF	
DIANU DIANU	30	39.6000 76.1667	29.978 31.215	5.473 5.699	* * -36.5667 *	2 0.13p	3.675	.784	.000	-9.95	29	. 000

To further emphasize the improvement of aided hearing, Table II illustrates the improvement, by categories, for the 29 subjects. The percentage of subjects in each category who improved by at least one category is also illustrated. It should be noted that, of the 11 subjects with profound losses, 3 attained an aided score within the mild category; an additional 4 subjects fell within the moderate category when aided.



Table II

Aided

UNAIDED	<u>[</u>	91-NR Profound	61-90 Severe	41-60 Moderate	21-40 Mild	0-20 Normal	% Improved By 1 or more Categories
Profound	11	3	1	4	3		73
Severe	8			3	4	1	100
Moderate	5				1	4	100
Mild	5					5. 	100
	29						

Frequency Distributions on each of the variables are discussed in the following tables:

TABLE III

CHRONAGE Month	FREQ	tsa	ÇUH	Month	FREQ	ADJ 134	FUH	Month	FREQ	ŁGĄ TSĄ	CUM PCY
1. 6. 10. 13.	1	ののののつへん	7697451	24. 268. 270. 374.	1	ののつのつの	334446	41. 45. 46. 48. 54.	. 21	1277677	73 79 88 81
17: 20: 22:	1 2	3	37	35:	ł	3	25 61	37. 65.	Ì	3	100
VALID CASES	5	33		MISSING	CASES		0				

TABLE IV

SEX		. D.C.O.L LITT	RELATIVE	ADJUSTED	CUM
CATEGORY LABEL	CODE 1.	ABSOLUTE FREQ 20	(PCY) 60.6	.(PCY) 60.6	(PCT) 60.6
HALE FEHALC	2.	13	39.4 100.0	39.4	100.0
VALID CASES 29	TOTAL	33	100.0	100.0	

TABLE V



BEST (



TABLE X

THEREST THERAPIST	ESTIMATE OF C	HILD'S HAP	IDIÇAP	AD HICTED	CDM
CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FRED (PCT)	ADJUSTED FREQ (PCT)	FRED (PCT)
NOT A HANDIGAP	1.	1	3.0	3.7	3.7
	2.	3	9.1	11.1	14.8
	3.		24.2	29.6	44.4
	4.	3	9.1	11.1	55.6
	5.	2	6.1	7.4	63.0
	6.	, 3	9.1	11.1	74,1
	7.	` 2	6.1	7.4	81.5
	8.	3	9.1	11.1	92.6
	9.	2	6.1	7.4	100.0
	0.	6	18.2	MISSING	100.0
	TOTAL	33	100.0	100.0	
VALID CASES . 27	HISSING	CASES	6		

TABLE XI

SICDEXPH :	SICD	EXPRESSIVE	PRE		Det . T1112	40 HIETED	C III
CATEGORY LA	ADEL		HONTHS	ABSOLUTE	RELATIVE FREQ (PCT)	ADJUSTED (PCT)	CUM FREQ (PCT)
•			4.	8	24.2	25.0	25.0
			8.	3	9.1	9.4	34.4
			12.	2	6.1	6,3	40.6
			16.	2	6.1	6.3	46.9
			20.	5	15.2	15.6	62.5
			¹24.	2	6.1	6.3	68.8
			28.	3	9.1	9.4	78.1
			32.	5	15.2	15.6	93.8
			36.	1	3.0	3.1	96.9
			44.	•1	3.0	3.1	100.0
			. 0.	1	3.0	HISSING	100.0
.		•	TOTAL	33	100.0	100.0	•
YALID CASE	S	32	DNIZZIM	CASES	1 .	. •	

TABLE XII

SICDEXPS	SICD	EXPRESSIVE	POST		uefVIIve	ADJUSTED	_CUH
CATEGORY	LABEL		MONTHS	AUSOLUTE	FIEP)	ADJUSTED	FILED (PCT)
			8.	2	6.1	7.1	7.1.
			12.	3	9.1	10.7	17.9
			16.	3	9.1	10.7	28.6
			20.	3	9.1	10.7	39.3
			24.	3	9.1	10.7	50.0
			28.	5	15.2	17.9	67.9
			32.	3	9.1	10.7	78.6
			36.	1	3.0	3.6	82.1
			40.	1	3.0	3.6	85.7
			44.	1	3.0	3.6.	89.3
			48.	3	9.1	10.7	100.0
			0.	5	15.2	HISSING	100.0
•			TOTAL	33	100.0	100.0	

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TABLE XIII

SICDREPR	SICD	RECEPTIVE	PRE		RELATIVE	ADJUSTED	_CUH
CATEGORY	LABEL		MONTHS	ABSOLUTE	RELATIVE (PCT)	(PET)	FRED (PCT)
			4.	9	27.3	28.1	28.1
			8.	1	3.0	3.1	31.3
			12.	-	24.2	25.0	56.3
•			16.	`ı	3.0	3.1	59.4
i			20.	3	9.1	9.4	68.8
,			28.	4	12.1	12.5	81.3
			29.	1	, 3.0	3.1	84.4
			32.	3	9.1	9.4	93.8
			40.	1	3.0	3.1	96.9
		•	44.	1	3.0	3.1	100.0
			0.	1_	3.0	HISSING	100.0
			TOTAL	33	, 100.0	100.0	
VALID CA	.232.	33	MISSING	CASSS .	1		

TABLE XIV

SICOREPS	SICD	RECEPTIVE	POST		DEI ATTVF	ADJUSTED	CUM
CATEGORY	LABEL		MONTH:	ABSOLUTE	RELATIVE FREO (PCT)	ADJUSTED FREQ (PCT)	CUM FREO (PCT)
2000			4.	4	12.1	13.8	13.8
			3.	1	3.0	3.4	17.2
			127	2	6.1	6.9	24.1
			16.	3	9.1	10.3	34.5
			20.	3	9.1	10.3	4418
			24.	1	3.0	3.4	48.3
			28.	. 5	15.2	17.2	65.5
			32.	2	6.1	6.9	72.4
			40.	4	12.1	13.8	86.2
		•	44.	1	3.0	3.4	89.7
			48.	3	9.1	10.3	100.0
			0.	4	12.1	HISSING	100.0
			TOTAL	33	100.0	100.0	
VALID CA	SES	29	HISSING	CASES	4	•	

TABLE XV

				,			
PPVTPRE CATEGORY		PVT PRE	WANTE.	ABSOLUT	RELATIVE E FREO (PCT).	ADJUSTED FREO (PCT)	CUX FRED (PCT)
CATEGORY	LADEL		MONT	IS FRED	(PCT)	(PCT)	(PCT)
			24.	1	3.0	8.3	8.3
			25.	2	6.1	16.7	25.0
			29.	3	9.1	25.0	50.0
			30.	2	6.1	16.7	66.7
			39.	1	3.0	8.3	75.0
			44.	1	3.0	8.3	83.3
			49.	1	3.0	8.3	91.7
,			64.	1	3.0	8.3	100.0
•			٥.	21	63.6	HISSING	100.0
	•		TOTAL	33	100.0	100.0	
VALID CAS	SES	12 H	ISS1NG	CASES	21		

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TABLE XVI

PHYTROST	PEABODY	PVT	POST					
CATEGORY	LABEL			MONTHS	AUSOLUTE FREQ	RELATIVE FIES)	ADJUSTED FILEO (PCT)	(PET)
				25.	1	3.0	7.7	7.7
				26.	1	3.0	7.7	15.4
				30.	2	6.1	15.4	30.8
				31.	1	3.0	7.7	38.5
				37.	1	3.0	7.7	46.2
				43.	1,	3.0	7.7	53.8
				44.	1	3.0	7.7	61.5
				46.	1	3.0	7.7	69.2
				51.	1	3.0	7.7	76.9
				54.	1	1 3,0	7.7	84.6
				57 .	1	3.0	7.7	92.3
				76.	1	3.0	7.7	,100.0
				٥.	20	60.6	HISSING	100.0
				TOTAL	33	100.0	100.0	

VALID CASES 13 HISSING CASES . 20

TABLE XVII

TACLPRE					•
CATEGORY LABEL	HONTHS	ABSOLUTE FREQ	RELATIVE (PCT)	ADJUSTED (PCT)	FRED (PCT)
	37.	2	6.1	22.2	22.2
	39.	1	3.0	11.1	33.3
	43.	1	3.0	11.1	44.4
	47.	1	3.0	11.1	55.6
	50.	1	3.0	11.1	66.7
	64.	1	3.0	11.1	77.8
	66.	1'	3.0	1 11.1	88.9
	, 83.	1	3.0	11.1	100.0
	٥.	24	72.7	DHISSING	100.0
	TOTAL	33	100.0	100.0	

VALID CASES 9 HISSING CASES 24

TABLE XVIII

TACLPOST					
CATEGORY LABEL	MONTHS	BSOLUTE FREQ	RELATIVE (PCT)	ADJUSTED (PCT)	FRED)
	Э6.	1	3.0	8.3	8.3
	37.	1	3.0	8.3	16.7
	38.	1	3.0	8.3	25.0
	42.	1	3.0	8.3	33.3
	47.	1	3.0	8.3	41.7
	50.	1	3.0	8.3	50.0
	58.	2	6.1	16.7	66.7
,	75.	1	3.0	8.3	75.0
	77.	1	3.0	8.3	83.3
	79.	1	3.0	8.3	91.7
	82.	1	3.0	8.3	100.0
	0.	21	63.6	MISSING	100.0
•	TOTAL	33	100.0	100.0	

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TABLE XIX

AAPSPRE						EI ATTUE	AD IUSTED	CIN
CATEGORY	LABEL		SCORE	ABSOLUTI	•	(PET)	ADJUSTED	FREY)
			49.	r		3.0	10.0	10.0
	•		52.	1		3.0	10.0	20.0
			68.	1,		3.0	10.0	30.0
			77.	1		3.0	10.0	40.0
			84.	1	•	3.0	10.0	50.0
			86.	1		3.0	10.0	60.0
	•		87.	1		13.0	10.0	70.0
			89.	1		3.0	10.0	80.0
			92.	1		3.0	10.0	90.0
			93.	1		3.0	10.0	100.0
			0.	23		69.7	MISSING	100.0
	_		TOTAL	33	•	100.0	100.0	
VALID CA	SES	10	HISSING	CASES	23			

TABLE XX

AAPSPOST						
MAPOPUSI			ABSOLUTE	RELATIVE	ADJUSTED	FREQ (PCT)
CATEGORY	LABEL	SCORE	ABSOLUTE	FREQ.	(PCT)	(754)
		73.	1	3.0	20.0	20.0
		79.	1	3.0	20.0	40.0
		81.	1	. 3.0	20.0	60.0
	•	95.	1	3.0	20.0	80.0
		99.	1	3.0	20.0	100.0
		0.	28	84.8	HISSING	100.0
		TOTAL	33	100.0	100.0	
VALID CAS	ES 5	. MISSING	CASES	28		

COMPARISON OF PARENT, TEACHER, AND THERAPIST ESTIMATE OF THE CHILD'S ABILITIES.

Two separate studies were performed to compare the parent perceptions of child abilities with the perceptions of the professionals. The first one compares the parent estimates of the severity of the children's handicaps with that of the project therapists, while the second compares the parent estimates of the children's abilities with that of the mainstream teachers. To compare parent and therapist estimates of each child's handicap, both the parent and the therapist rated the child on a 10 point scale after the child's second visit. A 10 was considered a severe handicap with a 1 (one) considered normal hearing. A t-test was performed on the results of 25 pairs of ratings. A significant difference was found with the therapist estimate (X=4.88) being more severe than the parents estimate (X=3.24). However, both estimates were closer to normal hearing than to a severe handicap. Table XXI presents the results of the t-test.

TABLE XXI

A Comparison of Parent and Therapist Estimate of Child's Handicap

HUMBER OF CASES MEAN	STANDARD DEVIATION	STANDARD	#(DIFFERENCE)	TANDARD NOTATION	STANDARD ERROR	CORN.	PROB.		DEGREES OF FREEDOM	
PARENT ESTIMATE OF C 27 THERAPIST ESTIMATE O	F CHI LO 367 HA		* * -1.4815 *	1,968	.379	.555	. 003	-3.91	26	.001

To compare the parent estimates of the children's abilities with those of the mainstream teacher, the Alpern-Boll Developmental Profile II was administered to both the teacher and the parent by the therapist at the end of each scheduled year. Five separate age



scores (by month) were recorded: Physical, Self-help, Social, Academic, and Communication. Table XXII presents the results of the five separate t-tests performed on 14 subjects. The results indicate no significant difference on any of the five variables. While the differences were not great enough to be significant, an examination of the group means shows that the parents rated their child higher on all of the five variables except Academics where the teachers' mean age estimate was 0.07 months higher.

TABLE XXII

A Comparison of Parent and Teacher Estimate of the Child's Abilities

VARIABLE	NUMBER OF CASES MEAN I	STANDARD DEVIATION	STANDARD ERROR	*(DIFFERENCE)	STANDARD EVIATION	STANDARD ERROR	CORR.	PROB.	VALUE	DEGREES OF	2-TAIL PROU.
BPHPRE	TEACHEH-ALPERN & BOLL 15 37,7333 PARENT- A&B PHYSICAL I		PRE 4.639 4.696	* * -3.4667	9.086	2.346	.874	.000	-1.48	14	.162
TABSHPRE PABSHPRE	TEACHER- A&B SELF-HELI 38.8000 15 PARENT-A&B SELF-HELP		5.544 5.773	-2.9333	8.447	2.181	.927	.000	-1.34	14	.200
TABSOPRE PABSOPRE	TEACHER- ALB SOCIAL PI 33.2000 15 38.4467 PARENT- ALB SOCIAL PR		5.369 5.588	* * -5.4667 *	12.106	3.126	.838	.000	-1.75	14	. 102
TABACPRE PARACPRE	TEACHER-ALB ACADEMIC 29.9333 15 29.7333 PARENT- ALB ACADEMIC	PRE 19.364	4.995 4.525	.2000	7.993	2.064	.911	.000	.10	14	.924
TABCOPRE PABCOPRE	TEACHER- A&B COMMUNIC 25.4286 14 27.0000 PARENT- A&B COMMUNICA		5.954 4.812	-1.5714	7.891	2.109	.945	.000	75	13	. 469

DEST LANGE

PARENT EVALUATION OF THE INTERVENTION PROJECT

At the end of the project parents were asked to evaluate the project using the Parent Evaluation of Unisensory Project evaluation form. The form contains 16 questions which require a four-point response ranging from Very Satisfied to Very Dissatisfied, and four questions requiring short answers. The following evaluation form contains the mean and standard deviation values for the 29 parents who completed the form. The results are most supportive for the project, with the mean scores ranging from a high of 3.97 to a low of 2.77 which is considered somewhat satisfied.



Auditory Educational Clinic UNIsensory Project

PARENTS EVALUATION OF UNISENSORY PROJECT

Wam	e (optional) Hother Father		
In le	order for us to get a better understanding on how to serve you ase fill out the following questionnaire using the scale below	r need:	د د
	Very Satisfied (VS) = 4Somewhat Dissatisfied (SD Somewhat Satisfied (SS) = 3Very Dissatisfied (VD) = 1) = 2]
1.	Assessment & evaluation of your child	X	SD
2.	Your child's Individual Educational Plan (IEP)	3.66	0.
	Special services/referrals as needed for you/your child	3.78	0.
•	Accessibility of staff	3.79	0.
•	Communication between your child's therapist & yourself		0.
	Understanding of demonstration-therapy session	3.97	0.
•		3.86	0.
	Amount of time spent with your child by staff	3.76	0.
	Staff competencies; staff qualifications and expertise	3.82	0.
	Information given to you by staff about your child's hearing abilities and audiological management	3.79	0.
	Information given to you by the staff about your child's hearing aids	3.57	0.
۱.	Information given to you about your child's language abilities and needs	3.76	0.
2.	Support from staff in dealing with your child	3.97	0.
3.	Communication between your child's therapist and his/her preschool teacher	3.15	1.
١.	Observation and written reports by staff on your child's mainstream placement	3.60	0.
5.	Communication with your child's audiologist and staff	3.44	0.
•	Parent meetings in general	2.77	0.
•	What do you think are the best parts of the Project? For your child		
•	What do you especially like or dislike about any individual st member?	aff	
•	Are there things you do differently than you did pre-project, things you no longer do? Explain_	or	
•	Any additional comments regarding staff members or Project (ponegative)	ositive	9 01

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REST CO.

CONCLUSIONS

In conclusion, the Unisensory Project was very successful in improving the aided thresholds of hearing impaired subjects with the use of amplification. 90% of the subjects were improved by at least 1 category with 3 of 11 profound subjects having dramatically improved to a mild aided threshold. Only 3 subjects did not show improvement and were in the profound range; in fact, these 3 subjects demonstrated no residual hearing according to conventional audiometric testing. It should be noted that one third of the subjects in the Unisensory Project were diagnosed as having profound hearing losses.

At the present time, it is impossible to draw conclusions relative to gains in language acquisition due to the fact that only 5 subjects (9%) were in this program for at least 24 months. This Project is being continued as part of the Auditory Educational Clinic, albeit without federal funds, and will follow the remaining subjects.

Therefore, more conclusive results will be presented at a later date.

This project was completely successful in Mainstreaming. All of the subjects who were eligible, i.e., at least 2½ years of age, were mainstreamed into regular classrooms for normally hearing children. Mainstreamed settings included private and public nursery and kindergarten programs as well as Head Start programs.

In comparing parent and therapist estimates of the effect of hearing loss on the child, therapists tended to rate the handicap as being more severe which appeared to be a more accurate estimate of the



child's level of functioning. No difference was found between the mainstream teachers' and parents' estimates of the child's level of functioning in any areas of development. It is of interest to note that no parents rated or perceived their child's hearing handicap as being worse than 6 on a scale of 1 to 10, while therapists rated 7 of the subjects as being worse than 6.

The 29 participating parents were most positive in supporting the project on 16 evaluation questions. Of these items, 15 were rated VS with one item (Parent Meetings) rated SS. There were no dissatisfactions stated in any area. Parents were given the option of making additional comments. Examples of these comments are:

"I like the fact that they do not lower their expectations because the child is hearing impaired."

"Everyone genuinely cares about the needs of the children and are able to emphasize positive aspects and gains made in any given situation."

"The program has opened up avenues for Cole that I would have never thought possible."

"Everything is different. We have learned to really focus as a family on hearing and language."

"Project is very worthwile. Would like it to be available nationwide."

"I am more firm with my child and talk out problems."

"The best part of the project for me - I am a major part of her progress."



RECOMMENDATIONS FOR FUTURE PROJECTS:

- 1. To be able to effectively evaluate this project, the evaluation component must be established before intervention begins. It may be necessary for the funding agency to establish uniformity in regard to the overall evaluation procedures and techniques. If possible, specific tests should be specified utilizing the same consultants over time.
- 2. Due to the low incidence of hearing handicaps, it would enhance the value of this program if this type of program could be funded for a longer period of time.
- 3. It's recommended that an assessment instrument or battery of instruments be identified or developed to cover an entire range of the preschool population. This would enable pre-testing and post-testing to occur over a 3-5 year period while using the same instrument.

